

February 12, 1975

Robert Greenes

Joshua Lederberg

Dear Bob,

I have your note of February 10th on the Health Services Research Proposal Committee. The article by Wysong was particularly illuminating about the background of the solicitation.

I have trouble seeing just how we are going to put a credible proposal together; on the other hand, we can hardly afford not to!

Since the solicitation places a lot of emphasis on the roster of ongoing research projects, I wonder if you have yet accumulated and summarized information on that score that would be helpful to us. I would guess that the Sponsored Projects Office directory of research and scholarship, of which a new edition should be available shortly, and which is also accessible on line, might be particularly helpful in assessing the present range of research activities at Stanford. I am sure Bill Massy would want to be helpful in every way possible to make such information readily available to us.

One point that occurred to me was whether it would make sense to come in with an explicit joint proposal with the NBER. I just have a hunch that we can do a lot more together than either of us would be able to do separately. But I have not yet measured the byproducts problems that might generate.

Also, I wondered whether we would be able to recruit Bob Haggerty as a possible consultant to us in the development of the proposal.

I was particularly interested in the attribution of clinical research centers as models for what would be funded here. That is an area where one would have expected Stanford to be a paragon and I guess I am a little puzzled just what the evaluation of that program has ended up to be in fact.

Besides the kinds of things that Enthoven was talking about, I would hope that we might find a way to get a further handle not only on cost reduction but on health outcome.

For the core activity some of the most important things that one could justify funding as a support base for a variety of research projects would be faculty slots in epidemiology and in biometry. We have not been too spectacular in that general area, especially epidemiology! As for biometry, I wonder if Bill Brown might not be able to give you a handle on the range of existing research projects that he and his colleagues have collaborated on that would be pertinent to the theme of the solicitation.

The way the solicitation is now worded, I find it rather difficult to see how we are going to be able to bring in EE for the particular kinds of things that are now asked for. Evaluations of existing and prospective health technology rather than the design and building of devices would seem to be the most that could be regarded as relevant to the charge.

My remarks are probably unnecessarily gloomy and I will be looking forward to seeing some of the more positive proposals that will be brought together at our planning meeting.

Sincerely yours,

JL/rr